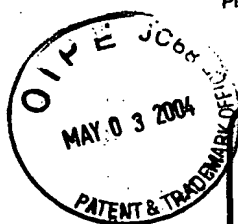


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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number OT01455

First Named Inventor Lundy, et al.

COMPLETE IF KNOWN

Application Number / TBA

Filing Date 12/12/03

Group Art Unit TBA

Examiner Name TBA

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DERMAL, TRANSDERMAL, MUCOSAL OR TRANSMUCOSAL
INGREDIENT DELIVERY DEVICES

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/433,203	12/13/02	

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Date 12/12/2003

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number

24265

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label

24265

OR ☐ Correspondence address below

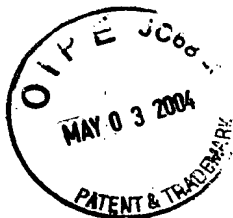
Name	Robert J. Lipka Reg. No. 42,807				
Address					
Address					
City		State		ZIP	
Country		Telephone	(908) 298-5056	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Charles E.		Lundy	
Inventor's Signature	15 Dec. 2003		Date
Residence: City	Germantown	State	TN
Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	2159 East Glenalden Drive		
Post Office Address			
City	Germantown	State	TN
ZIP	38139	Country	U.S.A.

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1__ of 2__
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Gary Wynn		Cleary	
Inventor's Signature		Date	
Residence: City Los Altos Hills	State CA	Country U.S.A.	Citizenship U.S.A.
Mailing Address 26410 Silent Hills Lane			
Mailing Address			
City Los Altos Hills	State CA	ZIP 94022	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Adrian Louis		Faasse	
Inventor's Signature		Date	
Residence: City Carmel Valley	State CA	Country U.S.A.	Citizenship U.S.A.
Mailing Address 17108 Cachagua Road			
Mailing Address			
City Carmel Valley	State CA	ZIP 93924	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Michael George		Marcoux	
Inventor's Signature		Date	
Residence: City Wyoming	State MI	Country U.S.A.	Citizenship U.S.A.
Mailing Address 2917 Byron Center Road			
Mailing Address			
City Wyoming	State MI	ZIP 49509	Country U.S.A.

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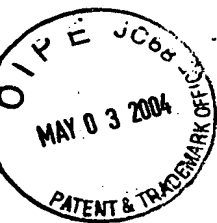
DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2__ of 2__
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Sreenivasu		Mudumba	
Inventor's Signature		Date	
Residence: City Union City	State CA	Country U.S.A.	Citizenship U.S.A.
Mailing Address 30731 Canterbury Court			
Mailing Address			
City Union City	State CA	ZIP 94587	Country U.S.A.

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	OT01455	
	First Named Inventor	Lundy, et al.	
	COMPLETE IF KNOWN		
	Application Number	/ TBA	
	Filing Date	12/12/03	
	Group Art Unit	TBA	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	TBA

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

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the specification of which (Title of the invention)

☐ is attached hereto OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number 24265

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
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Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 24265 OR ☐ Correspondence address below

Name	Robert J. Lipka Reg. No. 42,807				
Address					
Address					
City		State		ZIP	
Country	Telephone	(908) 298-5056		Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

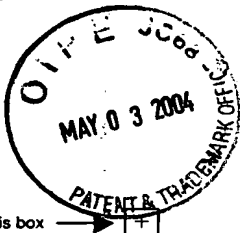
Given Name (first and middle (if any))	Family Name or Surname
Charles E.	Lundy

Inventor's Signature		Date	
Residence: City	Germantown	State	TN
		Country	U.S.A.
Citizenship	U.S.A.		

Post Office Address: 2159 East Glenalden Drive

Post Office Address			
City	Germantown	State	TN
		ZIP	38139
Country	U.S.A.		

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Gary Wynn		Cleary	
Inventor's Signature <i>Gary W. Cleary</i>		Date 3/18/04	
Residence: City Los Altos Hills	State CA	Country U.S.A.	Citizenship U.S.A.
Mailing Address 26410 Silent Hills Lane			
Mailing Address			
City Los Altos Hills	State CA	ZIP 94022	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Adrian Louis		Faasse	
Inventor's Signature <i>Adrian Louis</i>		Date 3/18/04	
Residence: City Carmel Valley	State CA	Country U.S.A.	Citizenship U.S.A.
Mailing Address 17108 Cachagua Road			
Mailing Address			
City Carmel Valley	State CA	ZIP 93924	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michael George		Marcoux	
Inventor's Signature <i>Michael G. Marcoux</i>		Date 12/16/03	
Residence: City Wyoming	State MI	Country U.S.A.	Citizenship U.S.A.
Mailing Address 2917 Byron Center Road			
Mailing Address			
City Wyoming	State MI	ZIP 49509	Country U.S.A.

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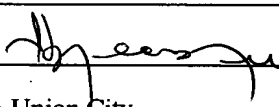
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Sreenivasu		Mudumba	
Inventor's Signature 		Date 03/18/2004	
Residence: City Union City	State CA	Country U.S.A.	Citizenship U.S.A.
Mailing Address 30731 Canterbury Court			
Mailing Address			
City Union City	State CA	ZIP 94587	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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